

EXHIBIT C2

(PLAINTIFF'S HOMESTEAD EXEMPTION APPLICATION)



ORIGINAL APPLICATION FOR HOMESTEAD AND RELATED TAX EXEMPTIONS

DR-501
Rule 12D-16.002, F.A.C.
Eff. 09/18
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Permanent Florida residency required on January 1.
Application due to property appraiser by March 1.

County	Okeechobee	Tax Year	2021	Parcel ID	1-35-37-35-0020-00000-1360
I am applying for homestead exemption, \$25,000 to \$50,000 <input type="checkbox"/> New <input type="checkbox"/> Change					
Do you claim residency in another county or state? Applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No Co-applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Applicant			Co-applicant/Spouse		
Name	STEEN DAVID A				
*Social Security #	504-86-2116				
Immigration #					
Date of birth	01/23/1967				
% of ownership	100.00				
Date of permanent residency	02/14/2020				
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
Homestead address 2114 SE 34TH LANE OKEECHOBEE FL 34974			Mailing address, if different		
Legal description DOC#2020001651			Phone (605) 872-0069		
Type of deed	Date of deed		Recorded: Book Page Date		
Did any applicant receive or file for exemptions last year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Previous address: 4439 SEEAIRE ST RAPID CITY SD 57702					
Please provide as much information as possible. Your county property appraiser will make the final determination.					
Proof of Residence		Applicant		Co-applicant/Spouse	
Previous residency outside Florida and date terminated		date		date	
FL driver license or ID card number		S350161670230 date 10/12/20		date	
Evidence of relinquishing driver license from other state					
Florida vehicle tag number					
Florida voter registration number (if US citizen)		date		date	
Declaration of domicile, enter date		date		date	
Current employer		RETIRED			
Address on your last IRS return					
School location of dependent children					
Bank statement and checking account mailing address					
Proof of payment of utilities at homestead address		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name and address of any owners not residing on the property					

*Disclosure of your social security number is mandatory. It is required by section 196.011(1)(b), Florida Statutes. The social security number will be used to verify taxpayer identity and homestead exemption information submitted to property appraisers.

Continued on page 2

<p align="center">In addition to homestead exemption, I am applying for the following benefits. See page 3 for qualification and required documents.</p> <p>By local ordinance only:</p> <p><input type="checkbox"/> Age 65 and older with limited income (amount determined by ordinance)</p> <p><input type="checkbox"/> Age 65 and older with limited income and permanent residency for 25 years or more</p> <p><input type="checkbox"/> \$500 widowed <input type="checkbox"/> \$500 blind <input type="checkbox"/> \$500 totally and permanently disabled</p> <p><input type="checkbox"/> Total and permanent disability - quadriplegic</p> <p><input type="checkbox"/> Certain total and permanent disabilities - limited income and hemiplegic, paraplegic, wheelchair required, or legally blind</p> <p><input type="checkbox"/> Disabled veteran discount, 65 or older</p> <p><input checked="" type="checkbox"/> Veteran disabled 10% or more</p> <p><input type="checkbox"/> Disabled veteran confined to wheelchair, service-connected</p> <p><input type="checkbox"/> Service-connected totally and permanently disabled veteran or surviving spouse</p> <p><input type="checkbox"/> Surviving spouse of veteran who died while on active duty</p> <p><input type="checkbox"/> First responder totally and permanently disabled in the line of duty or surviving spouse</p> <p><input type="checkbox"/> Surviving spouse of first responder who died in the line of duty</p> <p>Other, specify: _____</p>
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I authorize this agency to obtain information to determine my eligibility for the exemptions applied for. I qualify for these exemptions under Florida Statutes. I own the property above and it is my permanent residence or the permanent residence of my legal or natural dependent(s). (See s. 196.031, Florida Statutes.)

I understand that under section 196.131(2), F.S., any person who knowingly and willfully gives false information to claim homestead exemption is guilty of a misdemeanor of the first degree, punishable by imprisonment up to one year, a fine up to \$5,000, or both.

I certify all information on this form and any attached statements, schedules, etc., are true and correct to the best of my knowledge as of January 1 of this year.

Signature, applicant

Date 1/26/21

Signature, co-applicant

Date _____

File the signed application for exemption with the county property appraiser.

Signature, property appraiser or deputy

1/26/21
Date

S.MATTHEWS
Entered by

1/26/21
Date

Penalties

The property appraiser has a duty to put a tax lien on your property if you received a homestead exemption during the past 10 years that you were not entitled to. The property appraiser will notify you that taxes with penalties and interest are due. You will have 30 days to pay before a lien is recorded. If this was not an error by the property appraiser, you will be subject to a penalty of 50 percent of the unpaid taxes and 15 percent interest each year (see s. 196.011(9)(a), F.S.). For special requirements for estates probated or administered outside Florida, see s. 196.161(1), F.S.

The information in this application will be given to the Department of Revenue. Under s. 196.121, F.S., the Department and property appraisers can give this information to any state where the applicant has resided. Social security numbers will remain confidential under s.193.114(5), F.S.

Contact your local property appraiser if you have questions about your exemption.